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March 4, 2026

Chairwoman Mariannette Miller-Meeks
House VA Subcommittee on Health
504 Cannon House Office Building
Washington, DC 20515

Ranking Member Julia Brownley
House VA Subcommittee on Health
2262 Rayburn House Office Building
Washington, DC 20515

Dear Chairwoman Miller-Meeks and Ranking Member Brownley,

As President of the American Academy of Neurology, I appreciate the opportunity to provide a statement for the record ahead of the House Veterans' Affairs Subcommittee on Health "*Hidden Wounds: Effectively Supporting Veterans with TBI Injuries*" oversight hearing.

The American Academy of Neurology (AAN) is the world's largest association of neurologists and neuroscience professionals with more than 44,000 members—and the leading voice on brain health. The AAN's mission is to enhance member career fulfillment and promote brain health for all. A neurologist is a doctor who specializes in the diagnosis, care, and treatment of brain, spinal cord, and nervous system diseases. These neurological diseases and disorders affect one in two people in the United States and include Alzheimer's disease, stroke, concussion, epilepsy, Parkinson's disease, multiple sclerosis, peripheral neuropathy, and migraine.

Nine million Veterans are enrolled in VA care around the nation, including many who live with neurologic disease—some of which is associated with their service to our country. With nearly one in four veterans nationwide screening positive for probable traumatic brain injury (TBI)¹, veterans often benefit from the unique care of neurology-related Centers of Excellence, which are fully integrated into a VA medical center to better coordinate multidisciplinary care. Individual neurologic conditions (multiple sclerosis, Parkinson's, headache and epilepsy) have primary centers and consortium sites around the United States. Each of these centers provides state-of-the-art clinical care, educational resources for Veterans and other VA health care providers, and conducts medical research to better detect, diagnose, and treat these disorders.

Congress has played a key role in creating and maintaining these centers over the last two decades as the increasing number of veterans affected by neurologic conditions has increasingly become clear, with studies showing a direct linkage between TBI and the development of subsequential neurological disorders². Post-traumatic epilepsy and post-traumatic headache (PTH) are both considered long-term complications of mild to moderate TBI, with PTH developing in 90% of cases³. Through steady annual increases of appropriated funds, we have seen strengthened collaboration between all four centers and coordination of care. Despite this progress, it remains clear that further investment is required for these centers to provide the highest

¹ [Traumatic Brain Injury in US Veterans: Prevalence and Associations With Physical, Mental, and Cognitive Health - ScienceDirect](#)

² [Association of Traumatic Brain Injury with Subsequent Psychiatric and Neurological Conditions: A Meta-Analysis - PMC](#)

³ [Challenges: Veterans and Migraine | American Migraine Foundation](#)

quality of care for our Veterans and collaborate more closely with one another – rather than diverting funds to community care settings that lack comparable infrastructure and specialized expertise in veteran-specific TBI exposures.

In particular, it is remarkable that the multiple sclerosis and Parkinson’s disease centers have not received a significant increase in funding for nearly 20 years despite increases in veterans with these conditions. A 2018 study involving military veterans reported a 56% increase in risk of developing Parkinson’s due to mild TBI and an 83% increase in risk for those exposed to moderate or severe TBI.⁴ Further, researchers analyzing over 2 million veterans identified that conditions such as TBI were among the strongest clinical predictors of MS emergence seen in post-9/11 veterans⁵. Despite these findings, funding has not significantly increased even after the VA officially recognized Parkinson’s disease as being associated with Agent Orange in 2010 and TBI in 2012. Multiple sclerosis is a condition that is presumptively service connected if diagnosed within seven years after separating from service – and the number of diagnosed veterans with MS has more than doubled since these centers were established.

Congressionally appropriated investments allocated to the Neurology Centers of Excellence support the clinical integration across disciplines that is crucial for the comprehensive care that vulnerable Veterans need, support outreach to serve Veterans outside the host facility such as rurally residing Veterans, support shared staff working across the NCP, and assist the related oversight activities of the Neurology Program Office. VA has established a national coordination structure for the Parkinson’s and MS Centers of Excellence to match the organization of the Epilepsy and Headache Centers of Excellence.

Integration of the neurology special clinical programs into a unified structure – rather than operating as four separate Centers – has strengthened coordination and streamlined collaboration towards shared goals. The rapid expansion of telehealth has further expanded access to specialized care for Veterans across the country. Teleneurology plays a crucial role in reaching Veterans unable to access in-person services and must be safeguarded to ensure continued delivery of high-quality neurological care. By leveraging shared NCP roles across the Centers, the NCoEs enhance staff efficiency, reduce redundancy, and strategically allocate resources – both personnel and operational – to support high-quality care and optimized program performance.

Early intervention delivered through these Centers is critical to reducing long-term complications from TBI and decreasing the risk of more serious neurologic disorders. The VA Neurology Centers of Excellence provide an indispensable service to America’s Veterans living with chronic neurologic conditions. The care delivered at these Centers represents the highest standard of veteran-informed, specialized treatment for those who have sustained TBIs – surpassing what is publicly available through private or nonprofit providers.

⁴ [Traumatic Brain Injury and the Development of Parkinsonism: Understanding Pathophysiology, Animal Models, and Therapeutic Targets - PMC](#)

⁵ [TBI Exposure as a Strong Clinical Predictor for MS Among Veterans](#)



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We look forward to continuing to work with Congress to secure robust, sustained funding to ensure our nation's Veterans receive the highest quality of neurologic care for years to come.

Thank you for the opportunity to highlight the importance of sustained funding and coordinated support for the VA's Neurology Centers of Excellence, particularly as TBI continues to have lasting physical, cognitive, and behavioral impacts across the veteran community. If you have any additional questions, please do not hesitate to contact Hanna Ahmaripour, Senior Congressional Affairs Manager, at hahmaripour@aan.com.

Sincerely,

A handwritten signature in black ink that reads "Natalia S. Rost". The signature is written in a cursive style with a long horizontal flourish at the end.

Natalia S. Rost, MD, MPH, FAAN, FAHA
President, American Academy of Neurology